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CONFIRMATION NO. 3719

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|--|---|------------------------------------|---|---|--------------------------------|
| SERIAL NUMBER 10/576,517 | FILING OR 371(c) DATE 05/07/2007 RULE | CLASS 600 | GROUP ART UNIT 3735 | ATTORNEY DOCKET NO. 9007-1020 | |
| APPLICANTS Domokos Boda, Szeged, HUNGARY; ** CONTINUING DATA ***** This application is a 371 of PCT/HU04/00103 11/04/2004 ** FOREIGN APPLICATIONS ***** HUNGARY P0303605 11/04/2003 IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/30/2007 | | | | | |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials | | STATE OR COUNTRY HUNGARY | SHEETS DRAWING 2 | TOTAL CLAIMS 8 | INDEPENDENT CLAIMS 1 |
| ADDRESS 466 | | | | | |
| TITLE DIAGNOSTIC PROBE AND KIT FOR TONOMETRIC EXAMINATION OF RESPIRATORY INSUFFICIENCY AND REGIONAL PERFUSION FAILURE OF THE BODY | | | | | |
| FILING FEE RECEIVED 1030 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |